

Civil Action No. 1:21-cv-7863

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* David Chokshi, Health Commissioner of the City of New York
was received by me on *(date)* 10/05/2021.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

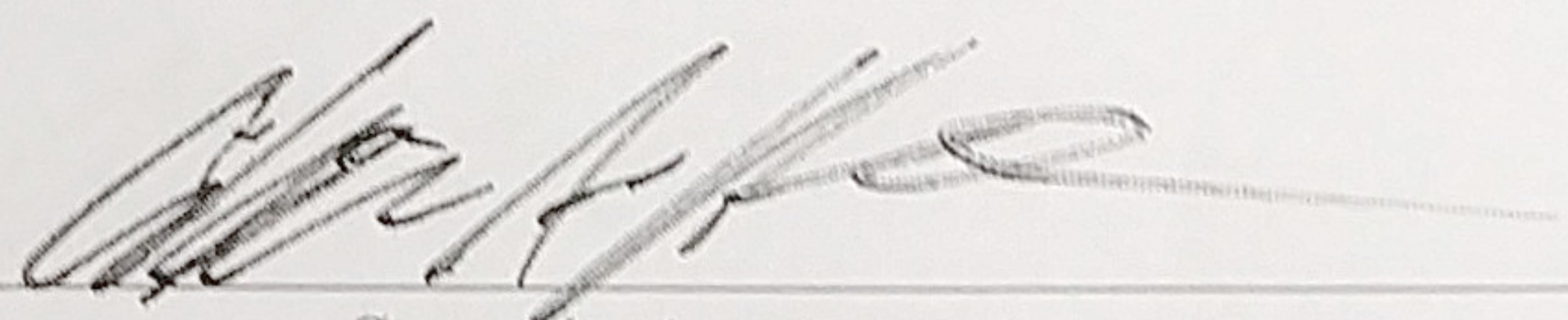
☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: Service was by email to: OGC@health.nyc.gov due to temporary COVID rules,
per: <https://www1.nyc.gov/site/doh/about/contact-doh.page>

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10/07/2021
10/06/2021



Server's signature

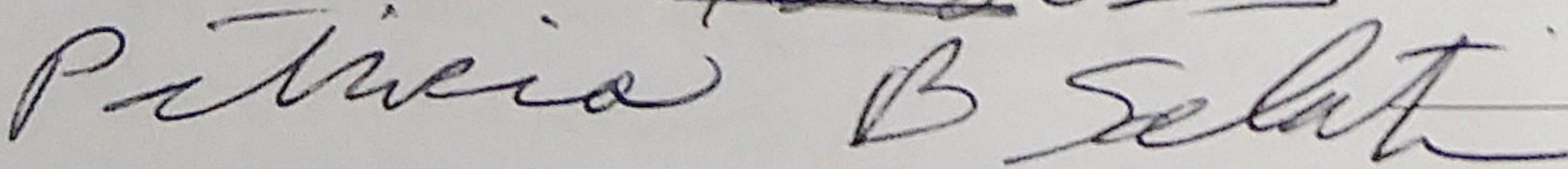
William A. Huston

Printed name and title

William Huston
PO Box 22,
Endicott, New York, 13761

Server's address

PATRICIA B. SALATI
Notary Public - State of New York
No. 01SA5076273
Residing in Broome County
My Commission Expires 4-21-2023



Additional information regarding attempted service, etc: